Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE (			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							lΓ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
*# the difference in column 1 is less than zero, enter "					r "0" in c	olumn 2		TOTAL	-	OR	TOTAL	·	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2						(Column 3)	<u> </u>	SMALL E	NTITY	OR	OTHER SMALL I		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.21	Minus	** 2	5	=	H	X\$ 9=		OR	X\$18=		
AMEI	Independent	. 4	Minus	***	<b>.</b>	<u> -</u>		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDEN	CLAIM		┙┌	+140=		OR	+280=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=		
MEN	Independent	*	Minus	***	<del>- 0. 4.1.4</del>	=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MI	OLTIPLE DE	PENDEN	I CLAIM			+140=		OR	+280=		
							<b>L</b>	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER MOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T 01 411	=	4	X42=		OR	X84=		
ഥ	FIRST PRESE	NTATION OF M	ULTIPLE DE	KENDEN	II CLAIN		ES	[+ <b>/A</b> ]	ILAB	dia OR	↑288£)°		
•	If the entry in colu	mn 1 is less than t	he entry in col	umn 2, wri	te "0" in co	olumn 3.		TOTAL	ILAD	OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [ SMALL ENTITY OR **NUMBER EXTRA** NUMBER FILED **FOR** RATE FEE RATE FEE 345.00 690.00 **BASIC FEE** OR minus 20= **TOTAL CLAIMS** X\$18=X\$9=OR INDEPENDENT CLAIMS minus 3 = X39= X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +260= +130= OR If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN **SMALL ENTITY** SMALL ENTITY OR (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER REMAINING **PRESENT** TIONAL RATE TIONAL RATE **PREVIOUSLY** AFTER AMENDMENT **EXTRA FEE** FEE PAID FOR **AMENDMENT** Minus X\$18= Total X\$ 9= OR Minus = Independent X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE **PREVIOUSLY** AMENDMENT **AFTER EXTRA** AMENDMENT FEE FEE PAID FOR Minus Total X\$18= X\$ 9= OR Minus Independent **X**39≠ X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130 =ÒR TOTAL OR ADDIT, FEE ADDIT, FEE AVAIT Acolumn 25 (Column 3) CLAIMS ADDI-ADDI-**REMAINING** NUMBER **PRESENT** RATE TIONAL RATE TIONAL AMENDMENT **PREVIOUSLY AFTER EXTRA** PAID FOR FEE FEE AMENDMENT Minus Total X\$18= X\$ 9= OR Independent Minus X78= X39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: \_\_\_\_\_\_\_\_

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation												
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	-	Total				
	· Sm./Lg.				Sm. Entity	Lg. Entity	,	1 a n				
Basic Filing Fee	201/101		<b>6</b> 2		3/15	(40	***	<u>Uro</u>				
Total Claims >20	203/103	-20	) <del>-</del> 5	x	1	13	<b>**</b>	40				
Independent Claims >3	202/102	3	<b>-</b> ♦	x	77	16	=	106				
Mult. Dep Claim Present	204/104				100%	100	=	10				
Surcharge	205/105			·	65	<u>13C</u>	3	130				
English Translation	139					•		<u> </u>				
TOTAL FEE CALCUL	ATION							1006				
Fees due upon filing	the application	:.				•						
Total Filing Fees Du	e = \$	10	Delo	<u>-</u> -								
Less Filing Fees Sub	mitted -\$_		<u> </u>					./				
BALANCE DUE	= \$		100φ					<i>i</i> <i>i</i> <i>i</i>				
Office of Initial Pater	nt Examination			В	est avai	LABLE	C					